

Case Number:	CM14-0095307		
Date Assigned:	09/15/2014	Date of Injury:	02/16/2010
Decision Date:	10/06/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in psychology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records provided for this independent review, this patient is a 37-year-old female reported an industrial/occupational injury on February 16, 2010. No details were provided with respect to the nature of the injury that the patient sustained on that date. In addition, a second date of injury was noted of October 6, 2005. There was no information provided with respect to that injury either. Missing, are details with respect to what occurred to cause the injury, and what parts of the body or aspects of the patient's psyche were/are injured, what treatments have already occurred medically and psychologically to assist the patient and there was no information respect to any outcomes of prior treatments. No information was provided with respect to how many prior sessions of psychotherapy the patient is had. Psychologically, the patient has been diagnosed with: Adjustment Disorder with Mixed Anxiety and Depression, and Pain Disorder with Anxiety and Depression. In a primary treating physician's progress report (PR-2) from May 2014 states that the patient she is suffering from extreme stress secondary to difficulties in balancing school and work requirements and is feeling overwhelmed and is "losing it". It appears that she recently has started to attempt to return to work with restrictions; however this is not entirely clear if this is an accurate statement. The patient objectively presents with symptoms of pressured speech and high anxiety with low psychological tolerance and a notation that she easily develops psychophysiological symptoms. The treatment plan was stated to be cognitive behavioral therapy to review coping skills and strategies, principles of stress management, decrease depression and anxiety. A request was made for psychotherapy sessions quantity 8, once per week, the request was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Psychotherapy Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, Page(s): 23-24.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines for Cognitive Behavioral Therapy for Depression, June 2014 update. Other Medical Treatment Guideline or

Decision rationale: The entire medical file as is provided consisted of only approximately 20 pages with only one page of clinical information. While it is not necessary to send an entire huge medical chart but focused information with regards to psychological request is needed. Any request for independent medical review of psychological treatment must contain more information than what was provided. Most importantly what were missing were the patient's total number of sessions that she has had to date as well as the results of those sessions. I do not agree with the utilization review statement that a full psychological evaluation is required, however given that the patient's injury occurred quite some time ago additional information to support this request would be necessary to overturn it. According to the MTUS guidelines patients can have 6 to 10 sessions if progress is being made and according to the ODT guidelines patients can have a maximum of 13-20 sessions if progress is being made. Additional treatment requests is contingent not only on patient symptomology, but also about whether or not they are making objective functional improvements. The term objective functional improvements is defined as an increase in activities of daily living, a reduction in work restrictions (when appropriate), and a decreased need in future medical treatment and care. There was no discussion of whether the patient has had any sessions in the past or if so how her response was to them. Therefore, the Psychotherapy Qty: 8 is not medically necessary.